

# MISSOURI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029998

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7417

STATE FILE NUMBER

FILED JUL 25 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

c. CITY

OR TOWN

St. Louis County

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

844 Vegas Dr. Lemay

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

First Middle Last  
Augusta Hamm

## 4. DATE OF DEATH

Month Day Year  
July 17, 1963

5. SEX  
female

6. COLOR OR RACE  
white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
6/25/87

9. AGE (last birthday)  
76

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Christian Drewes

13b. MOTHER'S MAIDEN NAME

Louise Bartels

14. NAME OF HUSBAND OR WIFE

William G Hamm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Frank Hamm 844 Vegas Dr. Lemay

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Myelogenous Leukemia*

INTERVAL BETWEEN ONSET AND DEATH

2 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

204.1

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

June 28 63, to July 16 63

and last saw her alive on July 15 63

Death occurred at

8 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

*Ramunbaum MD*

(Degree or title)

22b. ADDRESS

3701 Grandel Sq

22c. DATE SIGNED

7-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

7/20/63

23c. NAME OF CEMETERY OR CREMATORY

New St. Marcus

23d. LOCATION (City, town, or county)

St. Louis County, Mo

24. FUNERAL DIRECTOR

ADDRESS

Edward Fendler 5611 South Grand Blvd.

25. DATE RECD. BY LOCAL REG.

JUL 18 1963

26. REGISTRAR'S SIGNATURE

*Carol Smith, M.D.*

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

2 4000

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91

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Edward J. Fernald

Licensed Embalmer No. 5194

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.